

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								09782841		05-14-01	
								APPLICANT(S)			
CLAIMS								*	*	*	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		
1	1		1				51				
2		1		1			52				
3		1		1			53				
4		1		X	X		54				
5		1		1			55				
6		1		1			56				
7		1		1			57				
8		1		1			58				
9		1		1			59				
10		1		1			60				
11		1		1			61				
12		1		1			62				
13		1		1			63				
14		1		1			64				
15		1		1			65				
16	1		1				66				
17		1		1			67				
18		1		1			68				
19		1		1			69				
20		1		1			70				
21		1		1			71				
22		1		1			72				
23		1		1			73				
24		1		1			74				
25		1		1			75				
26		1		1			76				
27		1		1			77				
28		1		1			78				
29		1		1			79				
30		1		1			80				
31		1		1			81				
32		1		1			82				
33	1		1				83				
34		1		1			84				
35		1		1			85				
36		1		1			86				
37		1		1			87				
38		1		1			88				
39		1		1			89				
40		1		1			90				
41		1		1			91				
42		1		1			92				
43		1		1			93				
44		1		1			94				
45			1				95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		4				TOTAL IND.				
TOTAL DEP.	41	↓	40	↓	↓	↓	TOTAL DEP.				
TOTAL CLAIMS	44		44				TOTAL CLAIMS				